

CONTRIBUTION TO THE PATHOLOGY OF SUPRA-ACROMIAL DISLOCATION OF THE CLAVICLE AND OBTURATOR DISLOCA- TION OF THE HIP.

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A MAN, aged about forty years, was admitted shortly after having fallen from a considerable height. He was unconscious, and there was unmistakable evidence of a fracture of the base of the skull and contusion of the brain.

There was a fracture of the right clavicle at its middle third and dislocation of its outer end upward upon the acromion. There was a dislocation of the left hip forward and downward, the head of the femur resting opposite the thyroid foramen.

The dislocation of the hip was reduced by traction downward, forward, and outward in the axis of the femur, combined with direct pressure upon the head of the bone and the hip immobilized by a long side splint.

The acromioclavicular dislocation was corrected, and the over-riding of the fragments overcome by carrying the shoulder upward and outward. Death occurred at the expiration of ten hours.

Post-mortem examination was confined to dissections of the dislocated joints, as there was no peculiarity about the head injury.

I. Acromioclavicular joint.—The outer end of the clavicle rested by about one-half of an inch of its under surface upon the upper surface of the acromion corresponding to the articulation. The superior and inferior acromioclavicular ligaments were torn through; no interarticular fibrocartilage was found. The conoid

and trapezoid ligaments were both torn through at their attachment to the clavicle.

II. The hip-joint.—The head of the femur occupied the acetabulum.

There was no injury of any of the important vessels or nerves about the joint; the Y ligament was intact. There was a very moderate amount of extravasated blood among the adductor muscles and within the synovial sac.

There was an irregular, ragged rent, not of large size, in the capsule of the joint and in the lining synovial corresponding to the cotyloid notch and at the attachment of the capsule at this point. The hole in the capsule was approximately triangular and about three-fourths of an inch in length on each of its sides; that corresponding to the transverse ligament was relatively smooth, the others ragged and fringed. The round ligament was torn away from its point of attachment to the head of the femur.

The fibres of origin of the obturator externus were somewhat lacerated opposite the outer part of the obturator foramen. There was slight hæmorrhage into the upper part of the adductor magnus and very trifling laceration of its fibres. There was no injury of the pectineus.

While no new fact is here presented, the rarity of opportunity to make post-mortem dissections of dislocations of these joints seems to warrant the publication of the data obtained.